

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED

**AFTER
1ST AMENDMENT**

**AFTER
2ND AMENDMENT**

IND.

DEP.

IND.

DEP.

IND.

DEP.

AS FILED

**AFTER
1ST AMENDMENT**

**AFTER
2ND AMENDMENT**

IND.

DEP.

IND.

DEP.

IND.

DEP.

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**TOTAL
IND.**

**TOTAL
DEP.**

**TOTAL
CLAIMS**

3



21



29



**TOTAL
IND.**

**TOTAL
DEP.**

**TOTAL
CLAIMS**

100

